



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

February 3, 2010

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Playmakers, 640 West Prospector Court requesting a class C liquor license.

Roger Westerhold has purchased this location and requests that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Roger Westerhold was born in Pender, Nebraska. He attended Pender High School graduating in 2001.

Roger Westerhold employment history is as follows:

2008 - Present	Manager, Playmakers	Lincoln, NE.
2007 - 2008	Broker, First Nebraska Mortgage	Lincoln, NE.
2002 - 2006	Delivery, Lincoln Lumber	Lincoln, NE.

The required training will be completed on March 11, 2010.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "****END OF LISTING****" does not appear at the bottom of this report, then this list is not complete.

FOR: ROGER E WESTERHOLD , Male, DOB:

Date of listing: 01-25-2010

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 09-10-2005	for (M)CONSUME ALCOHOLIC LIQUOR IN PUBLIC	Case A5-100385
Disposed 10-13-2005	as (M)CONSUME ALCOHOLIC LIQUOR IN PUBLIC	Cit# LA985568
FOUND GUILTY Fined \$50.00		
Cited on 12-15-2001	for (M)DRIVING UNDER INFLUENCE/.08, FIRST OFFENS	Case A1-142972
Disposed 02-22-2002	as (M)DRIVING UNDER INFLUENCE/.08, FIRST OFFENS	Cit# LA790393
FOUND GUILTY Fined \$400.00		
01 YRS PROB		

*** END OF LISTING ***

na

6. If wishing to run on current liquor license enclose temporary agency agreement (**must be Commission form only, must include copy of signature card from the bank showing both the seller and buyers name on account**).

na

7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

na

8. Enclose a list of any inventory or property owned by other parties that are on the premise.

x

9. For individual, partnership and LLC enclose proof of citizenship; copy of birth certificate (certificate from the State where born, not hospital certificate), naturalization paper or passport, for all applicants, members and spouses.

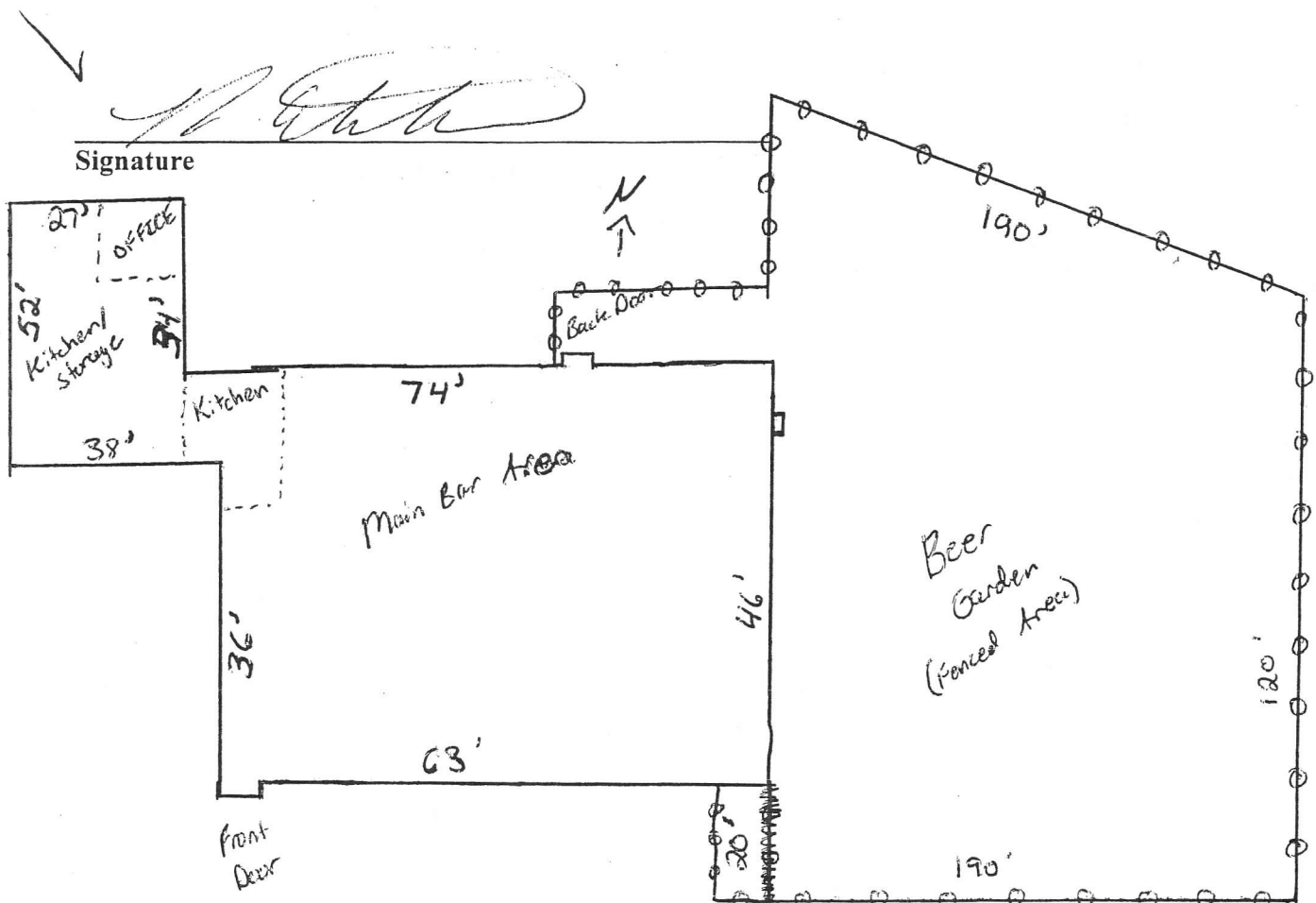
x

10. If corporation or LLC enclose a copy of articles as filed with the Secretary of States Office. This document must show barcode.

11. Check with local governing bodies for any further requirements or restrictions.

12. If you have a business plan, please submit a copy.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.



PREMISE INFORMATION

Trade Name (doing business as) Playmakers

Street Address #1 640 W Prospector ct

Street Address #2 _____

City Lincoln

County Lancaster

#2

Zip Code 68522

Premise Telephone number 402-438-9300

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

city

Name Roger Westerhold

Street Address #1 640 W Propector Ct

Street Address #2 _____

City Lincoln

State NB

Zip Code 68522

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

no basement

one story irregular shaped building

approx — x — including irregular

shaped beer garden approx — x —

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☐ NO

If yes, please explain below or attach a separate page.

Roger Westerhold - DWI 2001 / MIP 2001 (Diversion Completed)
speeding tickets 3 tickets 2003-2008
Courtney Westerhold - DWI 2003, 2006
speeding ticket 2009
M.S. Assault charge 2000 2003

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender Tier One

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Tier One - Advantage Center Roger Westerhold Shane Zywiec
Brent Zywiec

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

None

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Roger Westerhold	2006-2009	Manager of Playmakers Bar & Grill
Brent Zywiec		

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date _____
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? Open Date depending on License Approval

15. What will be the main nature of business? Bar & Grill

16. What are the anticipated hours of operation? 4pm - 1am 7 Days a Week

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Roger			Courtney		
8829 Venice Ln. Lincoln NE	'08	'09	8829 Venice Ln Lincoln NE	'06	'09
221 NW 16 th St. Lincoln NE	'06	'08	7015 Cass Ave Denton, NE	'00	'06
3347 Michaela Ln Lincoln NE	'04	'06			
7437 W 17 th Ct. Lincoln NE	'01	'04			

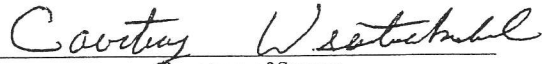
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓ 

Signature of Applicant

✓ 

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

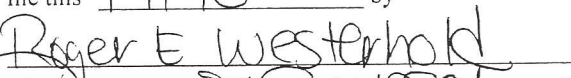

Signature of Applicant

Signature of Spouse

State of Nebraska

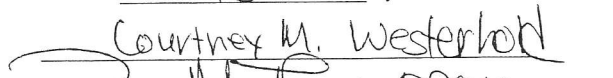
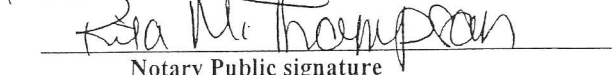
County of Lancaster

The foregoing instrument was acknowledged before me this 1-11-10 by

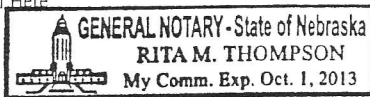


Notary Public signature

County of Lancaster

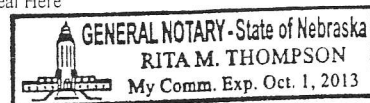
The foregoing instrument was acknowledged before me this 1-11-10 by



Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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JAN 19 2010

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

BC
Voter reg

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: B. W. Z. LLC

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Playmakers Bar + Grill

Premise Street Address: 640 W. Prospector Ct. St. 300

City: Lincoln State: NE Zip Code: 68522

Premise Phone Number: 402-438-9300

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Westerhold First Name: Roger MI: E

Home Address (include PO Box if applicable): 8829 Venice Ln

City: Lincoln State: NE Zip Code: 68526

Home Phone Number: 402-525-3186 Business Phone Number: 402-438-9300

Social Security Number: _____ Drivers License Number & State: _____, NE

Date Of Birth: _____ Place Of Birth: Pender, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Westerhold First Name: Courtney MI: M

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Lincoln, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

Roger

SPOUSE

Courtney

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
8829 Venice Ln Lincoln	'08	'09	8829 Venice Ln Lincoln	'06	'09
221 NW 16 th St Lincoln	'06	'08	7015 Cass Ave Denton, NE	'00	'06
3347 Michaela Ln, Lincoln	'04	'06			
7437 N 17 th Ct	'03	'04			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
'06	current	Playmakers Bar & Grill	Cam Schaefer	402-438-9300
'05	'06	First Nebraska Mortgage	Shane Zywiec	402-450-4879

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

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JAN 19 2010

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted or pled guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

Roger Westerhold - DWI - 2001 / MIP - 2001 (Diversion completed)

- Speeding Tickets - 3 tickets 2003-2009

Courtney Westerhold - BUI - 2003, 2006

Speeding Ticket - 2009

Mis. Assault - 2000, 2003

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

prints enclosed

5. List the training and/or experience (when and where)

Date:	Where:
2007-2010	Playmakers Bar & Grill (manager)
2005-2007	Playmakers Bar & Grill (bartender, serving)

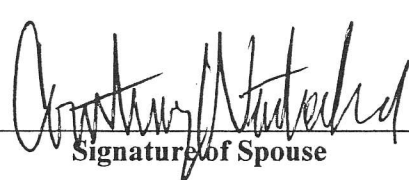
PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

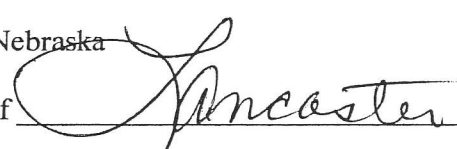
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.


Signature of Manager Applicant

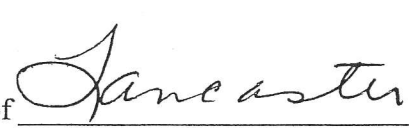

Signature of Spouse

State of Nebraska

County of



County of



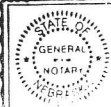
The foregoing instrument was acknowledged before me this 15th Jan 2010 by

The foregoing instrument was acknowledged before me this 15th Jan 2010 by


Notary Public signature

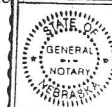

Notary Public signature

Affix Seal Here



SANDRA J. DEAN
MY COMMISSION EXPIRES
May 26, 2012

Affix Seal Here



SANDRA J. DEAN
MY COMMISSION EXPIRES
May 26, 2012

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

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JAN 19 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE
DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY
OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR
VITAL RECORDS.

DATE OF ISSUANCE
OCT 26 1988
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

126—

83

CHILD—NAME			SEX	DATE OF BIRTH (Month, Day, Year)		HOUR
1. Roger Edward Westerhold			2. Male	3a.		3b. 1:14P M.
HOSPITAL—NAME (If not in hospital, give street and number)			INSIDE CITY LIMITS (Specify Yes or No)	CITY, TOWN, OR LOCATION OF BIRTH		COUNTY OF BIRTH
Pender Community Hospital			4b. Yes	4c. Pender, Nb		4d. Thurston
5a. (Signature) <i>[Signature]</i>			DATE SIGNED (Month, Day, Year)		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
5b. 2/22/87			5c.			
CERTIFIER—NAME AND TITLE (Type or print)			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
6a. David J. Hoelting, M.D.			6b. Pender, Nb. 68047			
REGISTRAR—SIGNATURE			DATE RECEIVED BY REGISTRAR			
7a. <i>Pauline Benson</i>			MONTH DAY YEAR			
7b. March 11 1983						
MOTHER—MAIDEN NAME			FIRST	MIDDLE	LAST	AGE (At time of this birth)
8a. Karen Kay Breitbarth						8b. 34
RESIDENCE—STATE			COUNTY	CITY, TOWN, OR LOCATION, (Include zip code)		INSIDE CITY LIMITS (Specify Yes or No)
Nebraska			9b. Wayne	9c. Pender 68047		9d. No
MOTHER'S MAILING ADDRESS—Enter if not same as residence			9e. RR # 3			
10. FATHER—NAME			FIRST	MIDDLE	LAST	AGE (At time of this birth)
11a. Ronald Allan Westerhold						11b. 35
11c. Pender, Nebraska			CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)			
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.			RELATION TO CHILD			
12a. other Informant) Ronald A. Westerhold			12b. Father			

RECEIVED

JAN 19 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

11/30/2005
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA—DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF LIVE BIRTH

126—

83

OR

CHILD—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH (Month, Day, Year)		HOUR
1. Courtney Mae Eurek						2. Female	3a.		3b. 7:17 A M
HOSPITAL—NAME (If not in hospital, give street and number)						INSIDE CITY LIMITS (Specify Yes or No)	CITY, TOWN, OR LOCATION OF BIRTH		COUNTY OF BIRTH
4a. Bryan Memorial Hospital						4b. yes	4c. Lincoln		4d. Lancaster
I certify that the stated information concerning this child is true to the best of my knowledge and belief.						DATE SIGNED (Month, Day, Year)		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
5a. (Signature) <i>Bruce E. Taylor mo</i>						5b. February 12, 1983		5c.	
CERTIFIER—NAME AND TITLE (Type or print)						MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
6a. Bruce E. Taylor M.D.						4b. 3145 "O" Street Lincoln, Nebraska 68510			
REGISTRAR—SIGNATURE <i>Jane Ford</i>						DATE RECEIVED BY REGISTRAR MONTH FEB DAY 23 YEAR 1983			
MOTHER—MAIDEN NAME			FIRST	MIDDLE	LAST	AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
8a. Terri Beth Gunn						8b. 24	8c. Lincoln, Nebraska		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION, (Include zip code)			INSIDE CITY LIMITS (Specify Yes or No)	STREET AND NUMBER		
9a. Nebr.		9b. Lancaster	9c. Lincoln 68510			9d. yes	9e. 815 South 46th		
MOTHER'S MAILING ADDRESS—Enter if not same as residence									
FATHER—NAME			FIRST	MIDDLE	LAST	AGE (At time of this birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
11a. Kurt Douglas Eurek						11b. 26	11c. Hastings, Nebraska		
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.							RELATION TO CHILD		
12a. (Signature of Parent or other informant) <i>Tim Blumek</i>							12b. Mother		

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

X Courtney Westerhold
Signature of spouse asking for waiver
(Spouse of individual listed below)

Courtney Westerhold

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

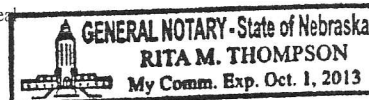
1-11-10

date

Rita M. Thompson
Notary Public signature

The foregoing instrument was acknowledged before me this
by Courtney M. Westerhold
name of person acknowledged

Affix Seal



OK

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

X [Signature]
Signature of individual involved with application
(Spouse of individual listed above)

Roger Westerhold

Printed name of applying individual

State of Nebraska

County of Lancaster

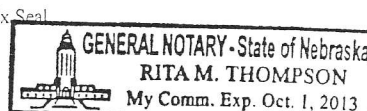
1-11-10

date

Rita M. Thompson
Notary Public signature

The foregoing instrument was acknowledged before me this
by Roger E. Westerhold
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED
JAN 19 2010
NEBRASKA LIQUOR
CONTROL COMMISSION

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

✓ Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

✓ Name of Registered Agent: J Michael Rierden

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

BWZ, L.L.C.

LLC Address: 640 W Propector

✓ City: Lincoln State: NB Zip Code: 68522

LLC Phone Number: 402-438-9300 Fax Number: 402-438-9301

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Westerhold First Name: Roger MI: _____

Home Address: 8829 Venice Lane City: Lincoln

State: NB Zip Code: 68526 Home Phone Number: 525-3186

✓ [Signature]
Signature of Contact Member

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

1-11-10

date

by

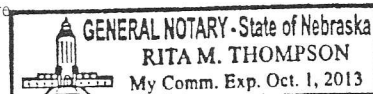
Roger Westerhold

name of person acknowledged

Rita M. Thompson

Notary Public signature

Affix Seal Here



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Westerhold First Name: Roger MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Courtney Westerhold

Spouse Social Security Number: _____ Date of Birth: _____

*Signed
prints*

*Signed
Spousal*

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

RECEIVED

JAN 19 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES

☒ NO

If yes, provide the name of corporation/company and supply an organizational chart

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: 1/1 Ending Date: 12/31

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.